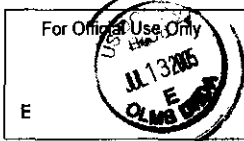


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3067</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Rick V. Welsh</u> P.O. Box, Bldg., Room No., if any Street <u>8000-29th Street West</u> City <u>Rock Island</u> State <u>IL</u> ZIP Code + 4 <u>61201 4</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local 111</u> Labor Organization File Number <u>015936</u> P.O. Box, Building and Room Number, if any Street <u>8000-29th Street West</u> City <u>Rock Island</u> State <u>IL</u> ZIP Code + 4 <u>61201 4</u>
5. Position in labor organization. <u>Financial Secretary - Treasurer - Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Rick V. Welsh</u>	On <u>7-6-05</u> Date	<u>309-756-6614</u> Telephone Number

Name of Person Filing Rick Walsh	File Number U- 3067
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 101 North Wacker Drive</p> <p>City Chicago</p> <p>State IL ZIP Code + 4 60606-1724 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Drawer M</p> <p>Street 2350 East 170th Street</p> <p>City Lansing</p> <p>State IL ZIP Code + 4 60438 4</p>	<p>11.a. Nature of such dealing.</p> <p>Segal is the consultant on the Ironworkers Welfare Fund Trust I was a trustee on this fund</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Segal paid for rounds of golf at the District Council Meetings in July 2004 at Eagle Ridge Resort in Balcon, IL I played 2 rounds of golf</p> <p>12.b. Amount. my guess is \$250</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Rick Welsh	File Number U- 3067
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Comerica Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 616</p> <p>Street Two Mid America Plaza</p> <p>City Oakbrook Terrace</p> <p>State IL ZIP Code + 4 60184 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Mid America Pension</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Drawer M</p> <p>Street 2350 East 170th Street</p> <p>City Lansing</p> <p>State IL ZIP Code + 4 60438 4</p>	<p>11.a. Nature of such dealing.</p> <p>Comerica is the administrator for the Defined Contribution Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Comerica paid for a Christmas dinner at a District Council Meeting. My wife, myself and 2 daughters attended the dinner in December 2004</p>
	<p>12.b. Amount. about \$200 is my guess</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Rick V Welsh	File Number U- 3067
---	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Whitfield & McGann</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2600</p> <p>Street 111 East Wacker Drive</p> <p>City Chicago</p> <p>State IL ZIP Code + 4 60601 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Tri-State Welfare Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Drawer M</p> <p>Street 2350- East 170th Street</p> <p>City Lansing</p> <p>State IL ZIP Code + 4 60438 4</p>	<p>11.a. Nature of such dealing.</p> <p>Sent a ham to the house at Christmas time. This is the attorney that represents the Welfare Fund. I was a trustee on this Fund</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Ham</p> <p>12.b. Amount. \$44</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

*International Association of Bridge, Structural, Ornamental
and Reinforcing Iron Workers*



Affiliated with AFL-CIO

Local Union No. 111
8000 -29th Street West
Rock Island, Illinois 61201
309-756-6614 Fax: 309-756-6615
E-Mail: lu111@netexpress.net



TO WHOM IT MAY CONCERN:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealings, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

A handwritten signature in cursive script, appearing to read "Rick Wheeler".

Signature

A handwritten date "7-6-05" in a simple, bold script.

Date